

**VERMONT DEPARTMENT OF HEALTH
2014-2015 INFLUENZA PREVENTION & CONTROL MEASURES FOR
LONG-TERM CARE FACILITIES**

Influenza can be introduced into a long-term care facility by newly admitted residents, health care workers and by visitors. Influenza can be transmitted between residents, health care workers, and visitors. Residents of long-term care facilities can experience severe and sometimes fatal illness during influenza outbreaks. **If there is one laboratory-confirmed influenza positive case along with other cases of respiratory infection in a unit of a long-term care facility, an influenza outbreak might be occurring. For current Vermont influenza surveillance/activity information, see <http://healthvermont.gov/prevent/flu/flusurveillance.aspx>.**

Prevention Measures

1. Offer and encourage flu vaccination for residents and staff. See <http://www.cdc.gov/flu/protect/keyfacts.htm> for more information about influenza vaccine. Continue to provide influenza vaccine to new admissions and to new and/or unvaccinated staff throughout the influenza season.
2. Monitor for respiratory symptoms among residents, staff, and visitors. Note that elderly persons and other medically-fragile long-term care residents may not have typical signs and symptoms of influenza, and may not have fever.
3. Ask family members and friends not to visit when they are ill. Post signs alerting visitors not to enter if they have symptoms of influenza-like illness (see <http://healthvermont.gov/prevent/flu/documents/VisitorPoster.pdf>).
4. Develop a protocol for antiviral use to expedite treatment and prophylaxis if an influenza outbreak occurs. See <http://www.cdc.gov/flu/professionals/antivirals/index.htm>.

Outbreak Management Measures

1. Call the Vermont Department of Health 24/7 (800-640-4374 or 802-863-7240) to report an outbreak and for guidance on control measures.
2. When you call to report a suspected outbreak, VDH will help facilitate the specimen submission process. Test kits are available from the state lab at 1-800-660-9997.
 - Collect specimens from 4-6 residents who have influenza-like illness. Specimens should be collected as soon as possible, and no more than 3 days, after onset of symptoms.
 - Follow instructions that come with the VT Dept. of Health Laboratory flu test kits for collecting adequate specimens.
 - Once an influenza outbreak has been confirmed, it is not necessary to continue collecting additional specimens for influenza testing.

- **If your facility uses rapid influenza diagnostic tests, be aware that false negative results can occur, even when influenza is the cause of symptoms.** A negative rapid test cannot exclude influenza as a cause of an outbreak in a facility with ill residents and/or staff who have clinically-compatible illness. See http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_rid_t.htm.
3. Administer influenza antiviral *treatment* immediately to all residents who have confirmed or suspected influenza. **Antiviral treatment should not wait for laboratory confirmation of influenza.** For more information on the use of antiviral medications for influenza *treatment* and *prophylaxis*, see <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#dosage>.
 4. When at least 2 residents/patients are ill within 72 hours of each other and at least one resident has lab-confirmed influenza, promptly initiate antiviral prophylaxis to all non-ill residents. CDC recommends antiviral prophylaxis for a minimum of 2 weeks, and continuing for at least 7-10 days after the last known case was identified.
 5. Use standard and droplet precautions for symptomatic individuals.
 6. Restrict symptomatic individuals to their rooms; cohort patients/residents who have influenza symptoms.
 7. Curtail group activities; serve meals in room.
 8. Promote respiratory etiquette and hand washing among residents, staff and visitors.
 9. Call the Division of Licensing and Protection to inform them of an outbreak of influenza so that they will know that your facility is using guidance from the health department.
 10. Start a line list to keep track of cases, both residents and staff; initiate active surveillance.
 11. Avoid floating staff from unit to unit to the extent possible.
 12. Continue to offer influenza vaccine to unvaccinated staff & residents.
 13. Provide in-service training for staff on control measures and hand hygiene. Employees who develop fever and respiratory symptoms should be asked not to report to work until acute symptoms have resolved.